Entered -10-01-01 - sb CL 01L0608 - GWENDOLYN BURNS

CLAIM OF:

01- R₋1836

ALISHA BILSKIE EDGE 302 DeFoors Landing, NW Atlanta, Georgia 30318

For damages alleged to have been sustained when a vehicle was struck by an errant trash receptacle during a trash pickup on August 15, 2001 at 302 DeFoors Landing, NW.

THIS ADVERSED REPORT IS APPROVED

ubers teurel

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0608	Date: October 30, 2001
Date of Occurrence 8/15/01 Place	
NATURE OF CLAIM: Claims II	parked vehicle sustained damages when it was struck by an r, the City is immune from liability as set forth in O.C.G.A.
INVESTIGATION:	
BASIS OF RECOMMENDATION:	OthersWrittenOral Dept ReportOtherX Claimant Driver Claimant Driver
Function: Governmental X Improper Notice More than Six Months City not involved Offer rejected Repair/replacement by Ins. Co. Claimant Negligent City Negligent	MinisterialOtherX Damages reasonableedCompromise settlement
RECOMMENDATION	NVESTIGATOR - GWENDOLYN BURNS
Pay \$ Adverse X Claims Manager: Adverse X Committee Action:	Council Action 2J01 2H01 2H01 2H01 2H01 2H01 2H01 2H01 2H
FORM 23-61	Council Action

COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK

RECEIVED

•	BURNS
RE:	CLAIM FOR DAMAGES 201

(Home Number)

City Hall

55 Trinity Avenue, S.W. Atlanta, Georgia 30335	SEP 1 1 2001	Today's Date: 055EP0
Dear Municipal Clerk:		ENTERED - 10-1-01 - SB 01L0608 - GWEN BURNS
	at I have suffered damages in the amountily injury for which I contend the City	nt sum of \$ 592.59 property
1. Date of incident: <u>AV6VST</u> (month/da	15 200 2. Time of Incident:	0900 3. Police called: Yes No.
4. Location of incident (including stre	et address): 302 DcFoors L	andmg, NW Atlanta, 6A 30318
3. Maine of your insurance company:	NIP	> 1/4
6. State what and how incident occurr	ed: Large, green tra	sh can hit side of parked to and screws on
caron rear, pa	ssenger-side Bol	to and screwe on
trash can den	ted and scratch	ned car Soo
enclosed photo	ograph.	T. Oeb
7. ALL ESTIMATES AND DAMAG RESULT IN YOUR CLAIM BEI	GES ARE SUBJECT TO INSPECTING DENIED AND MAY RESULT IN	ON. THE MAKING OF FALSE CLAIMS WILL CRIMINAL PROSECUTION!
		e the following and attach two (2) estimates of repair and
Your vehicle: VWPASSATE	LSSW 2000 454S	OZJ ALISHABILSKIE EDGE (Driver's Name)
	(Year) (Tag Numbe	(Driver's Name)
City vehicle:(Make)	(City Driver's Name)	
9. Witness:	(on) Diver straine)	(Department/Bureau)
(Name)	(Address)	(Telephone Number)
10. The acknowledgment of this claim State law, nor is it an admission of lia	n in no way waives the Sovereign bility on behalf of the City of Atlanta ar	
11. This claim should be mailed immed		
I HEREBY SWEAR OR AFFIRM THE INFORMATION IS TRUE AND COL	HAT THE ABOVE AL	SHA BILSKIE EDGE (Print Claimant's Name)
Signature of Claiman		- De Foors Landing, NW (Address)
		Attanta, GA 30318 (City, State and Zip Code)